



EAST STOW
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health.

1921.

STOWMARKET:

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To the
Chairman and Members
of the
East Stow Rural District Council.

STOWMARKET,
April, 1922.

GENTLEMEN,

I beg to present to you the Annual Report on the Health of East Stow for the year ending 31st December, 1921.

According to instructions received from the Ministry of Health a full detailed Report called a "Survey Report" will be required about once in five years, and in the intermediate years a more brief Report called an "Ordinary Report" will be required; the present one being as requested an Ordinary Report, and compiled according to the instructions received.

1.—GENERAL STATISTICS.

Area (acres) 21126.
 Population (1921) 6330.
 Number of inhabited houses (1921) 1515
 Number of families or separate occupiers (1921) 1515.
 Rateable Value at September 30th, 1921, £34,458.
 Sum represented by a penny rate, £120.

2.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total.	M.	F.	
Births	{ Legitimate	126	57	69	} Birth Rate (R.G.) 30·8 per 1000
	{ Illegitimate	9	5	4	
Deaths	... ..	58	25	33	Death Rate (R.G.) 9·16 ,,

Number of women dying in, or in consequence of,

childbirth { from sepsis Nil
 „ other causes Nil

Deaths of Infants under one year of age per 1,000 births :—

Legitimate 37·0. Illegitimate 0. Total 37·0.

Deaths from Measles (all ages) Nil.

„ Whooping Cough (all ages) Nil.

„ Diarrhoea (under 2 years of age) Nil.

Any unusual or excessive mortality during the year which has received or required comment:—There were 8 deaths from Tuberculosis (7 of these being Pulmonary), only 3 deaths from Cancer, and of the 5 deaths of Infants under 1 year 4 were registered as being due to “Congenital Debility” or “Premature Birth.”

3.—NOTIFIABLE DISEASES DURING THE YEAR.

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Diphtheria	11	9	1
Scarlet Fever	40	37	Nil
Enteric Fever (including Paratyphoid) probably rat-bite fever	1	1	Nil
Puerperal Fever	3	—	Nil
Pneumonia	1	—	Nil
Other diseases generally notifiable			
Erysipelas	1	—	Nil
Malaria	1	—	Nil
Other diseases notifiable locally	Nil		
Tuberculosis :—			
(a) Pulmonary { M. - 7	13		
{ F. - 6			
{ Total - 13			
(b) Non-pulmonary { M. - 3	3		
{ F. -			
{ Total - 3			

Ophthalmia Neonatorum.	Cases.			Vision unim- paired.	Vision im- paired.	Total Blind- ness.	Deaths.
	Notified	Treated.					
		At Home.	In Hospital Stow Lodge Infirmary.				
	4	2	2	4	Nil	Nil	Nil

4.—CAUSES OF SICKNESS.

There was a considerable increase of Scarlet Fever this year as in most districts, 40 cases in all, of which 37 were admitted into the Isolation Hospital. Generally they were quite mild cases, and consequently there were probably some unrecognised cases who were spreading infection.

5.—SUMMARY OF NURSING ARRANGEMENTS,

Hospitals and other Institutions available for the District.

Professional Nursing in the Home.

(a) General:—There are no District Nurses. The district has been mapped out into areas for same, but we have been informed by the County Council that we must wait as Nurses cannot be obtained

(b) For Infectious Diseases, e.g. Measles, &c.:—If extra help is required for such, a Health Visitor can be obtained temporarily from Ipswich provided by the County Council.

Midwives.

There are no Midwives employed or practising in the district, except for some overlapping by the two Stowmarket Midwives.

Clinics and Treatment Centres.

There is an Infant Welfare Centre (Consultation) held at the Church Hall, Stowmarket, on Wednesday afternoons, which is managed by a local committee, and receives a grant from the County Council. It is provided for both the Stowmarket and the East Stow Districts.

The Clinic for Venereal Diseases is held at the East Suffolk Hospital, Ipswich.

Hospitals provided or subsidised by the Local Authority or by the County Council.

There is a Fever Hospital with 24 beds for the use of three districts—Stowmarket Urban, East Stow Rural and Thedwastre Rural Districts, maintained by the 3 districts concerned; this hospital has been nearly full for the greater part of the year, 97 cases in all being admitted (with one death from Diphtheria from the East Stow District), only one case (Diphtheria) had to be sent to another Hospital for lack of a vacant bed.

Baths for patients and nursing staff were provided this year, and a Mortuary has since been provided.

There is no Cottage Hospital in the district. Ordinary Hospital cases have to be sent to Ipswich.

Ambulance facilities.

(a) Horse Ambulance for infectious cases.

(b) Motor Ambulance from Ipswich for non-infectious and accident cases.

6.—LABORATORY WORK.

Pathological and bacteriological examinations are provided by the County Council at Ipswich.

Diphtheria antitoxin is provided by the Local Authority.

7.—SANITARY ADMINISTRATION.

Inspection of places where food is prepared :—

Bake Houses.

Three, generally kept in good order.

Slaughter Houses.

Two, frequently inspected and generally found satisfactory.

Dairies—Cow Sheds.

Inspections have been made of all premises registered under this order and notices served for remedy of defects.

Disinfection.

This is carried out after recovery from infectious disease, also after death from consumption when notified.

Nuisances reported during the year :—

Accumulation of manure and refuse—2.

Ditches—1.

Complaints—11.

Nuisances from foul closets—5.

Defective drains—3.

Defective privies—2.

Dirty premises—1.

Overcrowding—1.

Number of privies converted to pail closets—7.

Other nuisances—21.

8.—PUBLIC HEALTH STAFF.

A local part-time Medical Officer of Health, and a whole-time Officer who is the Sanitary Inspector and Inspector of Nuisances combined.

9.—HOUSING.

Number of New Houses erected during the year or in course of erection :—

(a) Total	...	...	...	...	...	55
(b) As part of the local authority's housing schemes						52

1.—Unfit Dwelling Houses.

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	137
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	43
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	1
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	17

2. Remedy of Defects without Service of formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers.	—
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3. Action under Statutory Powers.

A—Proceedings under section 28 of the Housing, Town Planning, &c. Act, 1919.

(1) Number of dwelling houses in respect of which notices were served requiring repairs				<i>nil</i>
(2) Number of dwelling houses which were rendered fit :—				
(a) by owners	...	...	...	<i>nil</i>
(b) by Local Authority in default of owners				<i>nil</i>
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	...	...	...	<i>nil</i>

B—Proceedings under Public Health Acts.

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	45
(2)	Number of dwelling houses in which defects were remedied :—	
	(a) by owners	39
	(b) by Local Authority in default of owners	<i>nil</i>

C—Proceedings under section 17 and 18 of the Housing, Town Planing, &c. Act, 1909.

(1)	Number of representations made with a view to the making of Closing Orders	1
(2)	Number of dwelling houses in respect of which Closing Orders were made ...	1
(3)	Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ...	<i>nil</i>
(4)	Number of dwelling houses in respect of which Demolition Orders were made ...	<i>nil</i>
(5)	Number of dwelling houses demolished in pursuance of Demolition Orders	<i>nil</i>

As a brief summary I would call your attention to the facts that the Vital Statistics are most satisfactory, that we were able to cope satisfactorily with the epidemic of Scarlet Fever, and that the absence of District Nurses and Midwives is deplorable.

In conclusion, I have to thank the Members of the Council (and especially the late Chairman) for the consideration they have always shown me, and the Sanitary Inspector for his Report.

I am,

Yours faithfully,

S. C. HOUNSFIELD,

Medical Officer of Health.

